

The Stamp of the Patent Office hereon acknowledges the receipt, on the date indicated, of the following:

Case No.: AD6912USNA Application No.: 10/660435
Inventor(s): EDMUND ARTHUR FLEXMAN ET. AL.
Title: COMPATIBILITY IMPROVEMENT IN CRYSTALLINE
THERMOPLASTICS WITH MINERAL FILLERS

| | | |
|--|------------------------------|--|
| <input type="checkbox"/> Application | <input type="checkbox"/> ADS | <input checked="" type="checkbox"/> Request for Extension of Time |
| Pages of Spec: <u> </u> (incl. Abstract & Claims) | | <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Preliminary |
| Pages of Claims: <u> </u> | | Response to: |
| <input type="checkbox"/> Utility <input type="checkbox"/> CIP <input type="checkbox"/> RCE/CPA <input type="checkbox"/> Div. | | <input checked="" type="checkbox"/> Office Action |
| <input type="checkbox"/> Provisional <input type="checkbox"/> Provisional Coversheet | | <input type="checkbox"/> Notice to File Missing Parts |
| <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney | | <input type="checkbox"/> Issue Fee |
| <input type="checkbox"/> Assignment | | <input type="checkbox"/> Other: <u> </u> |
| <input type="checkbox"/> Drawings <u> </u> sheets: <input type="checkbox"/> Formal | | <input checked="" type="checkbox"/> Fee Transmittal Sheet |
| <input type="checkbox"/> IDS <input type="checkbox"/> Supplemental | | <input checked="" type="checkbox"/> COM <input type="checkbox"/> Express <u> </u> |

Attorney: TAMARA L. FAIR Deposit Acct. 04-1928 Mailed: 1/24/05

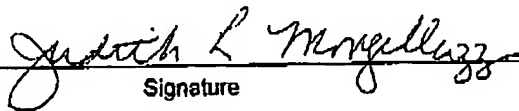
PTO/SBA/2 (09-04)

Approved for use through 07/31/2005. OMB 0561-0031
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10/660435

AD6912USNA

Amendment

Fee Transmittal Sheet (in duplicate)

Petition for One Month Extension of Time (in duplicate)

Receipt Card

Page 1 of 1

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04)

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| | | | |
|---|------|--|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known Application Number: 10/660435 Filing Date: September 11, 2003 First Named Inventor: Edmund Arthur Flexman Et. Al. Examiner Name: Judy M. Reddick Art Unit: 1713 Attorney Docket No.: AD8912USNA | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) | 120.00 | |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 04-1928 Deposit Account Name: E. I. du Pont de Nemours and Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | <input type="checkbox"/> 300 | <input type="checkbox"/> 150 | <input type="checkbox"/> 500 | <input type="checkbox"/> 250 | <input type="checkbox"/> 200 | <input type="checkbox"/> 100 | 0.00 |
| Design | <input type="checkbox"/> 200 | <input type="checkbox"/> 100 | <input type="checkbox"/> 100 | <input type="checkbox"/> 50 | <input type="checkbox"/> 130 | <input type="checkbox"/> 65 | 0.00 |
| Plant | <input type="checkbox"/> 200 | <input type="checkbox"/> 100 | <input type="checkbox"/> 300 | <input type="checkbox"/> 150 | <input type="checkbox"/> 160 | <input type="checkbox"/> 80 | 0.00 |
| Reissue | <input type="checkbox"/> 300 | <input type="checkbox"/> 150 | <input type="checkbox"/> 500 | <input type="checkbox"/> 250 | <input type="checkbox"/> 600 | <input type="checkbox"/> 300 | 0.00 |
| Provisional | <input type="checkbox"/> 200 | <input type="checkbox"/> 100 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 | 0.00 |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims: _____ - 20 or HP = _____ x 50.00 = _____
 HP = highest number of total claims paid for, if greater than 20
 Indep. Claims: _____ - 3 or HP = _____ x 200.00 = _____
 HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims: _____
 YES ☐ 360.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------------|--------------------|--|---------------|---------------|
| _____ - 100 = _____ | _____ / 50 = _____ | _____ (round up to a whole number) x | <u>250.00</u> | _____ |

4. OTHER FEE(S)

| | Fee Paid (\$) |
|---|---------------|
| Non-English Specification, \$130 fee (no small entity discount) | _____ |
| Other: Fee for 1 month extension of time | _____ |
| | 120.00 |

| | | | |
|---------------------|-----------------------|--------------------------------|----------------|
| SUBMITTED BY | | Registration No. | Telephone |
| Signature | <u>Tamera L. Fair</u> | (Attorney/Agent) <u>35,867</u> | (302) 892-7948 |
| Name (Print/Type) | Tamera L. Fair | Date | <u>1/24/05</u> |

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